

Work Order ID 93434

November-19-12 10:10:10 AM

93434

Page 1

Item ID: 646.3610

Accept

N900040100

Setup

Start *NS1*

Revision ID:

Stop

NS2

Item Name: Filler

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan: M-5

Date: 12-11-12

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| | | | | | | | | | |
|----------|--------------|--|--|--|--|--|--|--|--|
| Draw Nbr | Revision Nbr | | | | | | | | |
|----------|--------------|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|----------|-----|--|--|--|--|--|--|--|--|
| 646.3600 | 300 | | | | | | | | |
|----------|-----|--|--|--|--|--|--|--|--|

110

110

Mill Conv

Conventional Milling Machine

HAAS CNC VERTICAL MACHINING #1

0.00

12-12-04

12-04

Memo

0.00

1-Machine per DWG
DWG REV: _____

2- deburr and break all sharp edges

120

120

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

12-12-04

12-04

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|---------------------------------|------------------------------|---|--|---|--|---------------------------------|-------------|--------------|--------------|
| | | Rework Scrap Use-as-is Work Order Update | Skid-tube Machining Thermoforming Large Fab | Crosstube Small Fab Finishing Composite | Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier | Engineering Quality Other | | | |
| Part No. _____ NCR No. _____ | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | |
| Landing Gear | Bending | General | | Grain | Ovalized | Pressure/Forced | | | |
| | Centre Not Concentric to O/S | Bend | BOM/Route | Hardware | Over/Under tolerance | Temperature/Cure | | | |
| | Cracks | Broken/Damaged | Inspection Incomplete | Part Incorrect | Weld | | | | |
| | Crushed/Crimped. | Burrs | Instructions Incomplete/Unclear | Part Lost/Missing | Wrong Stock Pulled | | | | |
| | Cuffs | Contamination | Maintenance | Part Moved | | | | | |
| | Heat Treat | Countersink | Mislabeled | Positioned Wrong | | | | | |
| | Inspection Strip in Tube | Cut Too Short | Misread | Power Loss/Surge | | | | | |
| | Ripples in Bend | Drill Holes | Offset | | | | | | |
| | Torque Waves in Extrusion | Drawing | Out of Calibration | | | | | | |
| | Turning Sequence | Finish | Out of Sequence | | | | | | |
| | Wave/Twist in Tube | Folio | Outside Dimensions | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Work Order ID 93434

November-19-12 10:10:10 AM

93434

Page 2

Item ID: 646.3610

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N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Filler

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

130

QC

Quality Control

Memo

0.00

11/12.01.07

[Signature]

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Outsource process - Anodize

Memo

0.00

Issue P/O: 19017

Black Anodize as per Dwg 646.3800

CD 13/10/2014 (12)

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Packaging

Memo

0.00

14/12/17 (12)

NCR: Yes / No

DQA: Date: < ,

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order ID 93434

93434

Page 3

November-19-12 10:10:10 AM

Item ID: 646.3610

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Filler

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|---|--|-------------------------------------|---------|--------|--------------|---------------|---------------|------------------|---|
| 155 *155* QC Quality Control | QC5- Inspect part completeness to step on W/O Memo | 0.00 0.00 DAS 18 310410 | | | | | | | |
| 160 *160* SprayPaint Spray Painting | Spray Painting per QSI005 4.2 Memo PRIME AS PER DWG, SEE NOTE #2 CARDINAL 4860-50 PRIMER BATCH: <u>124204</u> | 0.00 0.00 | | | | | | |  12 Ø Ø 13-3-22 |
| 170 *170* QC Quality Control | QC14- Inspect Spray Paint Memo | 0.00 0.00 DAS 18 310410 | | | | | | |  +12 |

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | |
|--|------|------|-----|--|--|------------------------------------|--|---|--------------|--------------|--|--|
| Part No.: | | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| NCR No.: | | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | |
| | | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| | | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | |
| Material | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Process | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | |
| Training | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/> | | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <input type="checkbox"/> Other | |

Work Order ID 93434

93434

Page 4

November-19-12 10:10:10 AM

Item ID: 646.3610

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Filler

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan:

Date: Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

180

180

Packaging

Packaging

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Identify as per dwg & Stock Location: ST 300

190

190

QC

Quality Control

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

12x

SP
13-4-10

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/4/10 JJ

MF
13-4-10

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|--|--------------------------|--|--|---|--|--------------------------------------|--------------------------|--------------------|--------------|
| | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | |
| | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | |
| | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | |
| | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | |
| Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube | General | | | | | | | | |
| | <input type="checkbox"/> | Bend | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Ovalized | <input type="checkbox"/> | Pressure/Forced | |
| | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Hardware | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Temperature/Cure | |
| | <input type="checkbox"/> | Broken/Damaged | <input type="checkbox"/> | Inspection Incomplete | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Weld | |
| | <input type="checkbox"/> | Burrs | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Wrong Stock Pulled | |
| | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | Other | |
| | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Offset | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Out of Calibration | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Finish | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Folio | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Picklist Print

November-19-12 10:10:09 AM

Page 1

Work Order ID: 93434

Parent Item: 646.3610

Parent Item Name: Filler

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M7075T6B1.000X1.000 7075.T6.BAR 1.00 x1.00 | | Purchased | No | | | f | | 10.3800 | | 8.2105263 | | | |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| MAT008 | 10.38 | |
| 114589 | 1.45 | |
| 122931 | 8.93 | |

6 12-12-04

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

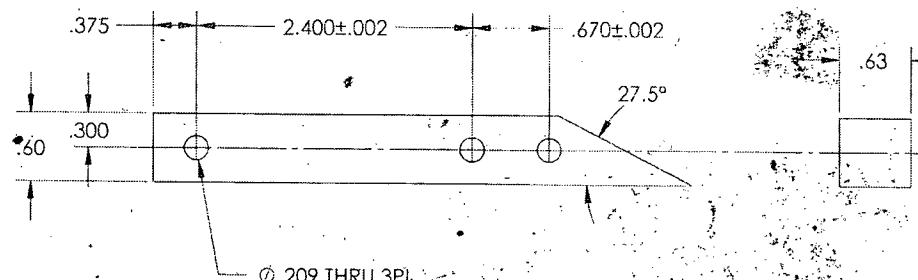
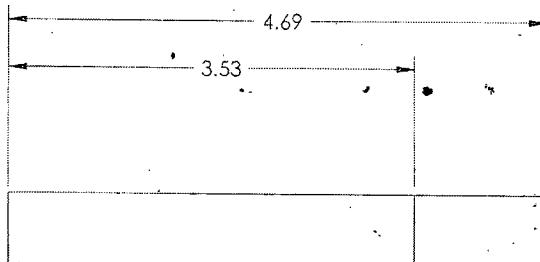
DQA: _____ Date: _____

QA Closed _____ Date: _____

| Work Order: | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|----------------|------------------------------|--------------------------|--------------------------|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|
| | | Rework | <input type="checkbox"/> | Skid-tube | <input type="checkbox"/> | Crosstube | <input type="checkbox"/> | Water Jet | <input type="checkbox"/> | Engineering | <input type="checkbox"/> |
| | | Scrap | <input type="checkbox"/> | Machining | <input type="checkbox"/> | Small Fab | <input type="checkbox"/> | Prod. Eng. Coor. | <input type="checkbox"/> | Quality | <input type="checkbox"/> |
| | | Use-as-is | <input type="checkbox"/> | Thermoforming | <input type="checkbox"/> | Finishing | <input type="checkbox"/> | Rec/Store/Packaging | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Work Order Update | <input type="checkbox"/> | Large Fab | <input type="checkbox"/> | Composite | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | General | | | | | | | | | | |
| | Bending | <input type="checkbox"/> | Bend | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Ovalized | <input type="checkbox"/> | Pressure/Forced | | |
| | Centre Not Concentric to O/S | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Hardware | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Temperature/Cure | | |
| | Cracks | <input type="checkbox"/> | Broken/Damaged | <input type="checkbox"/> | Inspection Incomplete | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Weld | | |
| | Crushed/Crimped | <input type="checkbox"/> | Burrs | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Wrong Stock Pulled | | |
| | Cuffs | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | | | |
| | Heat Treat | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | | | |
| | Inspection Strip in Tube | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | | | |
| | Ripples in Bend | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Offset | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | Torque Waves in Extrusion | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Out of Calibration | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | Turning Sequence | <input type="checkbox"/> | Finish | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | Wave/Twist in Tube | <input type="checkbox"/> | Folio | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NOTES:

1. MATERIAL: ALUMINUM 6061-T651 PER AMS-QQ-A-250/11
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III
CLASS 2, COLOR BLACK:
CARDINAL 4860-50° PRETREATMENT PRIMER
PRIMI IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



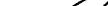
646.3610

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY.
SUBJECT TO FURTHER COMMENT,
WITHOUT NOTICE
WORK IN PROGRESS
NO 93434 ML5
12-1-20

| | FIND # | PART # | DESCRIPTION | MATL | SPEC. |
|-----|--------|----------|---|-------------------|--------------|
| QTY | | 646.3610 | FILLER | | |
| | | | DRWNSH. DATE DRAWN BY CHECKED S. WOLF P. BRAVO | | |
| | | | APPROVAL P. BRAVO DATE ISSUED | | |
| | | | UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES: ±.010 MATERIAL: ALUMINUM 6061-T651 DATE DRAWN: 8-12-93 DRAWN BY: S. WOLF CHECKED BY: P. BRAVO | | |
| | | | SCALE: NONE | REV: N/C | |
| | | | DATE CODE: B 07M26 | DOC. NO: 646.3600 | |
| | | | | | SHEET 1 OF 1 |

| | | |
|---------------------|--------------|-------------|
| DART AEROSPACE LTD | Work Order: | 93434 |
| Description: Filler | Part Number: | 646.3610 |
| Inspection Dwg: | Rev: | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

| | | | | | |
|--------------|---|-------------|---|-----------------------|-------|
| Measured by: |  | Audited by: |  | Preliminary Approval: | |
| Date: | 12-12-18 | Date: |  | | Date: |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E | 10.04.14 | Added preliminary approval | KJ | |

10.06.15

Jean-Luc Menard

From: Pablo Bravo <pbravo@apicalindustries.com>
Sent: Thursday, December 20, 2012 10:39 AM
To: 'Jean-Luc Menard'
Subject: RE: 646.3610 FILLER

JL,
As discussed, this part is fine to use as-is.

Pablo

From: Jean-Luc Menard [mailto:jmenard@dartaero.com]
Sent: Thursday, December 20, 2012 7:24 AM
To: 'Pablo Bravo'
Subject: 646.3610 FILLER

Hi Pablo,
As discussed, Two dimensions are falling out of tol(4.69 and 3.53) due to dedurring and tol stack ups.
I will issue a ECR to address these issues.
Pls reply to this e-mail if this is acceptable so I can attach it to the w/o to keep the parts moving.
Thx again
JL

Jean-Luc Menard
Production Engineering Coordinator



DART AEROSPACE
1270 Aberdeen Street
Hawkesbury Ontario
Canada K6A 1K7
Tel:(613)632-5200 Ext 227
jmenard@dartaero.com

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A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62213

Date: 13-Feb-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | Ship Via |
|----------|---|
| | |
| Quantity | Description |
| 1 lot | <p>Part: ASST Rev: 5 PCS D3299-1 12 PCS D3299-5 8 PCS D3299-7 16 PCS 647.1710 4 PCS 647.1711 5 PCS 647.1913 ✓ 10 PCS 647.1913 ✓ 9 PCS 647.1945 ✓ 12 PCS 646.3610 ✓ S 13/04/10 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 32 PCS 647.2511 PASSIVATE PER QQ-P-35 Job: 20130091 PO: PO19017 Line:</p> |

| | |
|--|--|
| | <p>Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>13/2/13</u> CERTIFIED SIGNATURE: <u>MW</u> RECEIVER SIGNATURE: _____</p> |
|--|--|